

Mental WEALTH

Mental WEALTH

AN ESSENTIAL GUIDE TO
*Workplace Mental Health
and Wellbeing*

EMI GOLDING
and PETER DIAZ



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Mental WEALTH

AN ESSENTIAL GUIDE TO

Workplace Mental Health and Wellbeing

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Bonnie Bushman

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Preface

Before you read further, there are some things you need to know.

1. This is a business book dealing with the sensitive topic of mental health at work. However, unlike other books you might read on the subject, it pulls no punches, because the most effective way to remove a Band-Aid is speedily and decisively.

In a world where we are seeing increasing rates of mental health problems, increasing workplace stress, and increasing rates of suicide, this is vital. We need to make some changes and we need to make them yesterday.

2. At times, we use strong language to get across both the meaning and feeling of what we are trying to say. We hope you can forgive our language and understand that, working in the world of mental health, it is pretty common to come across some colourful turns of phrase. When people feel frustrated

and trapped, it's pretty normal for them to use strong language in an attempt to express the extent of their emotions. It's not personal.

3. This is neither a medical book nor a scientific treatise. Nor does it purport to be either. We will refer to so-and-so study here and there, and there are countless academic articles to back up what we will tell you. But this is not an academic thesis. We don't want to write one and we believe very few of you actually want to read one. If you are interested in exploring the science behind the concepts in this book, we will point you in the right direction, and we enthusiastically encourage you to do your own research.
4. This is not a book about therapy. And it's not a book to be used in a therapeutic setting. If you are suffering from a mental health problem, there are many other books that will be far more useful for you. We encourage you to pick up one of those instead. Having said that, as a manager or leader who wants to improve the mental health and wellbeing of your workforce, you might just find that some of the concepts within are also useful personally. In fact, that's what many people who attend our courses tell us all the time.
5. This book has been written specifically for managers. If you are a manager, or aspire to be one in the near future, then congratulations! What you are about to read will revolutionise the way you lead. If you aren't a manager... leave a copy somewhere for one to discover.

What we want for this book, and what we aspire to in our education programs, is to give managers the tools, skills and understanding to confidently and compassionately handle a range of mental health situations in the workplace. In the process, we help them become

better communicators, with a more sophisticated understanding of workplace dynamics. By doing so, we hope to clear their path towards the success, enjoyment and fulfilment that comes with leading a high performance team.

Let's get started.

Yours in mental health,
Peter Diaz & Emi Golding
Directors
Workplace Mental Health Institute

Foreword

by Steve Anderson

Workplace mental health issues have been swept under the proverbial rug for too long.

As a business owner or manager, one of your responsibilities is to take care of your employees so they can take care of your customers. There is a lot of talk today about employee engagement and finding and retaining good employees in a challenging hiring environment. How your organization responds to mental health issues in your workplace affects your employees more than you know.

I have spent 40 years in the risk management and insurance business. I have seen firsthand the consequences of employee mental health problems: higher worker injury rates, decreased productivity, an increase in employment-related lawsuits, and in extreme cases, employee violence. Organizations of all types and sizes face real financial costs when they ignore this issue.

Of course, there are risks when you take action. When you do anything, there's a certain amount of risk involved. But I've also learned that if you don't act (hoping if you ignore the problem it will eventually go away), the risks that supervisors, managers, and the organization face could be even higher.

As a business or organization, are you at risk for a harassment or bullying claim being brought by the employee? *Mental Wealth* will help you understand how to manage that risk effectively.

Are you afraid of saying or doing the wrong thing? The *Mental Wealth* book will help you understand how to take the best approach for both your employee and your business.

Are you accountable for what you do (or don't do) regarding the mental health of your organization? *Mental Wealth* will help you look at both the physical as well as the fiscal responsibilities of creating a healthy organization and healthy, productive workers. It seems obvious, but prevention is more cost-effective than managing a crisis because when unaddressed, reaction to a problem after it's happened is the most expensive way for businesses to manage mental health.

Not taking proactive steps to address mental health issues that are in your workplace right now (and we all have them) could actually be the riskiest decision you make.

Too often, mental health issues are avoided because they are "messy" and best left to the professionals in Human Resources, Risk Management or the Health and Safety Department.

But in today's environment, everybody has to be on board.

That's why I was encouraged when I met Peter Diaz and Emi Golding some years ago when we were both part of a small intensive training group here in the US.

Over the days we were together, I listened to Peter and Emi describe the challenging issues of mental health in the workplace in Australia and their concern that mental health issues were not being proactively

managed by many organizations. (The comparison to what is happening here in the US was strikingly familiar.)

Their passion for helping organizations address this issue head-on is impressive. They founded the Workplace Mental Health Institute to lead the fight to help individuals and organizations tackle this complex problem with proven, effective plans and strategies.

I have watched as both Peter and Emi traveled the world the last few years providing workshops and seminars for Fortune 500 companies, large and medium organizations, and government departments. They have trained thousands of managers and supervisors on the importance of taking care of employees' well-being and how to tackle the mental health epidemic in the most effective way.

I don't know of a better team than Peter and Emi. Their energy, education, and passion for helping businesses of all sizes improve the workplace and well-being environment are exceptional. *Mental Wealth* provides you with access to their vast knowledge and experience in a practical and useful format.

Peter and Emi have identified Seven Pillars you can use to build a mentally wealthy workplace. You will find this section to be your "plan of action" for what to do next. For each of the pillars, they provide a section on "How do you apply this pillar?" as well as specific initiatives you can take within your organization immediately to implement a safer and more responsive workplace.

Both Peter and Emi have the knowledge, skills, credentials, and experience to guide you through this process. Peter is also upfront about his personal encounters with mental health issues, providing sage insight and perspective. Their credentials are extensive, but more importantly, they have real-life experience working with organizations worldwide. They don't just bring an academic view; their decades of experience have helped them to address practical problems, (expected) resistance, and the unique challenges organizations face.

Mental Wealth is a very appropriate title for this book. As they described in their introduction, this is not a textbook or academic paper. It is your guide for what to do, when to do it, and how to do it.

Remember what I said about higher worker injury rates, decreased productivity, an increase in employment-related lawsuits, and in extreme cases, employee violence? Again, organizations of all types and sizes face real financial costs when they ignore this issue.

That's why this book is so important. It helps you understand the issues and provides you with practical language, steps, and processes you can take to effectively create a Mentally Wealthy workplace.

Your organization *will* address mental health issues in the workplace at some point in the future. Creating *Mental Wealth* is an excellent first step to begin the process of enhancing your workplace culture to better care for employees so they can better care for your customers.

Steve Anderson

LinkedIn Influencer and a trusted authority on Insurance Technology, Productivity and Innovation. He has over 35 years of experience in the insurance community and holds a master's degree in Insurance Law.

Introduction

There's a scene in the movie *Zulu Dawn* where the British are facing down a charge of thousands of Zulu warriors. Desperate to halt the decimation of his company at the hands of the Zulus, a British sergeant pleads for the third time with the Quartermaster for more ammunition. The officer, a stickler for procedure, tells the sergeant to wait his turn at the back of the line. Off to the side, another officer is sitting down calmly sipping his tea or some other thing. Unlike the sergeant, both officers are oblivious to the carnage unfolding.

This scene makes me think of the current state of mental health in the workplace. There's carnage unfolding, but many leaders seem either oblivious to it or overly focused on following proper procedure—whatever that is.

Each year, one in four people suffer from a mental disorder. The suicide rate has gone up over the past few years, to the point at which, around the world, someone takes their own life every forty seconds. In

Western countries, like Canada, Australia, the United States and the United Kingdom, the average psychological injury claim now costs \$250,000 and the number of claims is rising. It's clear that whatever we've been doing to address this issue is not working.

As a business leader, in whatever capacity, whether you're a manager, supervisor, team leader or CEO, it's time to do something about it.

The manager both willing and able to act in these urgent times stands to gain a significant competitive advantage. There's a direct and powerful link between a team's mental health and the quality and quantity of output for a business. We like to call it Mental Wealth.

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**Mental Wealth—the link between a
team's mental health and the bottom line**

.....

A manager with the ability to join the dots and see how taking care of his or her team's mental health impacts the bottom line is rare.

So we take this opportunity to congratulate you for taking the time to read this book. What you learn from this book will equip you to build a happy, resilient, high-performing team. In doing so, you will be helping to address the mental health epidemic we see globally.

As mental health experts who have worked with hundreds of organisations, from small businesses through to multinational corporations, we've seen just how powerful it can be for the businesses, and the people in them, when workplaces are transformed into happy, healthy and psychologically safe places to be.

Why aren't we doing more?

How can it be that one in four adults suffer from a mental disorder each year? And given how clearly mental health problems are impacting

organisations and the people in them, why isn't more being done about it? To understand why, we need to look at the dynamics between the players in our organisations and ask ourselves what might be stopping them from taking action.

Why aren't organisations doing more?

We've consulted with and delivered training to thousands of leaders from a range of industries, including finance, law, defence, mining, education, health, hospitality, and many more. This experience has put us in a unique and trusted position to identify some of the key challenges organisations face in regard to addressing workplace mental health issues.

It's not on the radar

For some organisations, the reason they aren't doing more is that they have simply never considered this to be an area they should be thinking about in the workplace. It is happening less often now, but from time to time, our office will receive a call from a Human Resource Director who is looking for help because there has been a serious mental health incident in the workplace, and they have just realised that workplace mental health is a 'thing' they should be paying attention to. Especially in the case of suicide, it's a matter of too little, too late. In these cases, there is a lot of work to be done to support the staff (and the managers) who have just lost a colleague. It also means that when it comes to delivering subsequent mental health education, the loss of the team members' colleague and friend will be forefront in their mind and influence the way the mental health education is received. I'm sure I don't have to tell you that it would have been much better to provide this guidance *BEFORE* a crisis happened, not after.

Not prioritising the issue

Then there are those organisations who know it is something that really needs to be addressed; they are even aware it is having an impact on their teams. The problem is they have other competing demands, and without there having been an overt crisis situation, they don't see an immediate need to take action in this area. They'll say, 'Well, it's on the agenda, but we have to wait until after the restructure / certain job roles are filled / another project is finished.' In these cases, we can't stress enough the importance of prioritising this issue. Not only could pushing it to one side cost lives, it is already costing the business thousands of dollars in lost productivity through absenteeism, presenteeism and conflict.

Narrow focus on motivation and competence

Most organisations fail to grasp that many chronic Human Resource (HR) issues are, in fact, the result of mental health issues. Isolated, individual mistakes or failures are unlikely to result in performance management action. By the time an issue comes across the desk of a senior manager or HR manager, it's likely to be a pattern of conflict or behaviour that hasn't been resolved by the parties involved. The traditional performance management model focuses on complying with behavioural standards and meeting a remedial plan of action; it rarely gets into the underlying issues driving the problem behaviour. However, these are exactly what need to be addressed in order to produce a sustainable solution.

An attitude that people are replaceable

Compassion is often the first value to be sacrificed on the altar of financial performance. Highly competitive cultures expect (and, indeed, build into their recruiting models) an allowance for employee attrition. They figure they can run the organisation at such a pace as to 'shake loose' an acceptable percentage of their workforce (the weaker

ones) and replace them with fresh recruits. What these companies don't understand is the hidden cost of attrition, often estimated at 100 per cent of the annual salary of each person who leaves. There is certainly a financial case (notwithstanding the moral one) for building organisational resilience and maximising retention.

Willingness to make excuses

In any given organisation, there are some people who are just toxic. Everyone knows who they are, from the most junior employee to the CEO. And, yet, they're allowed to remain. Maybe they're the top salesperson, bringing in ten times their salary every quarter. Maybe they're the IT guy, who's the only one who knows how the system works. They are so important in the short to medium term that it's worth putting up with their behaviour. But herein lies a slow killer: In time, your organisation will be stuck with B players, because your talent (with other options) will leave. Your managers will be less effective when it comes to managing performance because of the glaring double standard. And, in time, the culture will be so entrenched, the cancer so advanced, that change would need to be so broad and intense that the treatment might risk killing the host.

The reality is that all the players in the organisation must work together to address mental health. The risks of getting it wrong are manageable, given the right training and a genuine desire to make a change for the better. So why is it, at the moment, that the different players aren't doing more to address the issue?

Why aren't managers doing more?

The prevailing management style through much of the last couple of centuries has been to keep a professional distance from staff members. The manager's job was to set the direction and manage the performance of the employee, and the employee's job was to reliably perform their

tasks to the best of their ability. It's a similar relationship to that between a machine and its operator, which is not surprising, given much of the industrialisation-era work was done by men in factories. Employees were cogs in a machine, so to speak, and much of the management and HR thinking was (and still is) centred around ensuring enough employees were available to maintain production, and that they performed reliably and at maximum efficiency. It would be ridiculous for an operator to ask his machine, 'Are you okay?' Similarly, many managers today feel that asking an employee about their mental state is not appropriate—it's too personal. It's taboo. It seems the prevailing management paradigm is fundamentally not equipped to deal with mental health issues.

Here are some of the concerns that stop managers from stepping up and doing more:

Will this look like harassment?

For managers who do decide to wade into a mental health issue, a real concern is how the employee will react. What if the employee takes exception to the line of questioning? What if they feel so put out that they lodge a formal complaint against the manager for harassment? This is a valid concern, as they're likely to be dealing with a person in a heightened state of sensitivity, with many people with a mental health issue reporting that they feel bullied or harassed more often. For a manager, having a workplace harassment or bullying judgement go against them has serious consequences: The organisation may be liable for damages, and the manager themselves may be personally liable. This can seriously curtail that manager's confidence and ability to manage performance thereafter. Once bitten, twice shy.

What if I make it worse?

In reality (and we'll discuss this later), the risk of a successful harassment or bullying claim being brought against a manager for

addressing a mental health concern is very low, when done properly. And therein lies the challenge: ‘properly’. Many managers who are genuinely concerned about an employee’s mental health will avoid addressing it for fear of doing something that makes things worse. ‘What if I say the wrong thing?’ ‘What if I embarrass them?’ ‘Should I just report it to someone?’ These are all common questions that go through a manager’s head. These are valid questions, by the way—managing a mental health issue in a team does take a set of skills. The reason most managers don’t feel confident with this stuff is that they’ve never been taught the skills. In no business degree or MBA or even HR qualification that we know of are mental health management skills taught. We ask in every one of our courses and, to date, we have not had any HR professional EVER indicate that they were trained in managing mental health as part of their studies. Managers are really left to rely on their own experience and their emotional intelligence to deal with these situations. And in allowing that to happen, frankly, we are letting our managers down.

I really don’t have time for this

We don’t have to look far to realise that managers across the country are overworked. I don’t mean in a ‘we just say we’re busy so people think we’re useful’ kind of way—I mean many of our organisations are chronically under-resourced. The downsizing and delayering of middle management in the late eighties and early nineties was taken too far. To use a medical analogy, companies went beyond ‘cutting out the fat’ and have cut out some of the minor muscle groups. Line and middle managers in particular are seeing their workloads and responsibilities grow for little to no extra resources or compensation as organisations downsize and rationalise. Many managers simply do not have the headspace or the energy to involve themselves in the mental health of their employees—they’re flat out managing their own.

Why aren't individuals doing more?

Looking at the reasons organisations and managers aren't doing more begs the question why the individuals suffering don't do more to draw attention to the issues they are facing. One thing people often don't consider is that individuals don't realise to what extent their mental health is suffering. Another consideration is the stigma such issues are still subject to, especially in some workplace cultures. These are some of the attitudes that stop individuals from seeking help themselves:

It's just stress

The most common mental illnesses (anxiety and depression) tend to be insidious, in that they gradually worsen over time. Many sufferers don't even realise they have a mental health issue until it's been months or even years since they've felt happy and their situation is quite progressed. It's convenient for a sufferer to dismiss their experience as temporary or 'just stress'. But there is a difference between 'stress' and something more serious.

I should just suck it up

People tend to compare themselves to others, and if everyone else seems fine, then they don't want to be the exception, or the 'weak one'. People will compare themselves to their parents who did it tough and never complained. The truth is that it's likely they faced the same issues and felt the same way; it's just that the conditions were less understood and there weren't the resources widely available to assist them. It's also very easy to feel inadequate when you're seeing all your friends on social media having a great time and appearing successful, when the reality is that, while few people share their fears and failures for all to see, they most certainly have issues you're unaware of. When everyone around you seems to be coping and thriving, the act of admitting you need help and seeking it out can make you feel like you've failed somehow.

And a lot of people would rather endure the symptoms than admit they need help.

Bringing this up would be career suicide

Numerous surveys from Australia, the UK, the US and Canada have shown that people with a mental illness are unlikely to disclose it to their employer for fear of being treated less favourably. Even employment lawyers have been heard advising employees to think twice before disclosing their mental health problem. Many employees believe that, if they disclose, they'll be passed over for project and promotion opportunities, or that their reputation or 'internal brand' will be tarnished, or that the organisation will take steps to exit them.

Why aren't colleagues doing more?

So the above takes into account why organisations, management and individuals themselves aren't doing more to work on mental health issues in the workplace, but what about a sufferer's teammates? There are yet more considerations that stop a person's colleagues from taking action in this area. Here are some of the attitudes that challenge them:

If you can't cut it, you shouldn't be here

In highly competitive teams, being able to tolerate the stresses and challenges of a role or industry and win consistently forms part of the team's identity, and underpins the self-esteem of individual members. If a team member is struggling to cope, then surely that says something about that person's fit? It's this zero sum mentality that says, 'Well, if that guy gets special treatment, it's going to be more work for me.' What's interesting is how many team members in these 'dog eat dog' cultures are themselves on the verge of burnout. The person who puts their hand up and asks for help is the classic canary in the coal mine.

I don't want to overstep the bounds

In some teams, having a team member ask another member about their mental health would strengthen the bonds within the team and lead to higher performance. In other teams, it would lead to an erosion of performance. The difference? Trust. In teams that lack trust, a member asking such a question could be construed as their having a hidden agenda. It also raises the question for the individual: 'If they're flat out asking me to my face, what have they been saying behind my back?' This doubt about how a colleague's actions will be perceived can block dialogue before it even happens.

I might make things worse

Team members share this common concern with managers. Both are worried that their well-intentioned efforts to address a team member's mental health could have unintended consequences. No one wants to have on their conscience the idea that their actions tipped a person over the edge, and so they think it's safer to ignore an issue and hope it works itself out soon. Again, it's lack of training and actionable skills that are missing. Traditional mental health awareness training and promotion calls on people to ask, 'Are you okay?' but fails to suggest what to do if the answer is 'No.'

Deciding to do nothing has resulted in a conspiracy of silence in our organisations. It has created environments where many people know about an individual's mental health challenges, but no one raises it with them. It's only a matter of time before the individual finds out that people are discussing them behind their back, if they're aren't already aware. This erodes trust, which is the key element in a high-performing team. I hope it's as obvious to you as it is to me that, if we're to have high-performing teams, something has to change in our approach.

What's the business case for addressing mental health?

It's obvious that mental health disorders have an enormous impact on the quality of life of many employees. But let's for a minute set aside the social and moral case for change, and focus solely on the bottom line.

It can be difficult to quantify the financial benefits of investing in mental health, because the link between mental health and money is not a direct one. However, there have been some attempts in recent years to talk about mental health in terms of the dollars.

A 2014 study by consultants Price Waterhouse Coopers (PwC) found that businesses could see an average return of \$2.30 for every \$1 invested in improving employee mental health. In some industries, it was even higher—up to \$11 for every \$1 invested.

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'Importantly, the results of this analysis are conservative as they do not consider the full range of costs to an organisation caused by untreated mental health conditions, such as high turnover. Estimates also do not include the many intangible benefits of a mentally healthy workplace for all employees, such as improved morale. This potential for additional benefits further reinforces the business case to invest in mental health.' -PwC

.....

When it comes to investing in mental health, what the executive team needs to realise is that, as opposed to seeing an increase in revenue (although that can happen when the workforce is happy, healthy and feeling motivated to produce), they are most likely to see this return in terms of costs saved—from absenteeism, presenteeism, psychological and physical injury claims, and reduced turnover, etc. These are areas where mental illness is *already costing* the business.

They may not be glaringly obvious in a profit and loss statement, because they're not listed under 'mental health', but they are most definitely there.

What PwC was able to quantify is something we know intuitively to be true: Poor mental health costs businesses money, and good mental health increases profitability.

The legal rationale

For employers not too concerned with the financial impact of mental health, there are legal considerations to take into account. They differ slightly from country to country, but among Western countries, there are the same basic concepts:

- Workplace Health & Safety legislation states that employers must provide a safe and healthy workplace that does not cause physical or mental ill health or aggravate existing conditions.
- Disability Discrimination legislation says that employers must not discriminate or harass employees with mental health conditions. That includes taking no adverse action against an employee because of a mental health condition.
- Privacy legislation requires that employees' personal information (such as about their health) should be kept private.

The challenge with legislation like this is that, while it's great to hold workplaces responsible for ensuring a psychologically safe working environment, it doesn't say what workplaces are actually required to do. What constitutes a psychologically safe workplace? What does it look like? And what activities are considered reasonable for a workplace to implement? Here, employers are left in the dark. And given that this is a pretty new area to be included in legislation, there don't really exist many precedents to base our answers to these questions on. Workplace

mental health can be a bit of a legal quagmire, but it is an issue you can't avoid.

What about the people?

Besides the financial and legal rationale for addressing workplace mental health, there are, of course, the people involved. People are the lifeblood of an organisation. No matter how many machines or automations you build into your business, at the end of the day, there will always be a certain number of people required to operate them, to think creatively about business solutions for the future, and to solve problems when they arise.

Culture

When mental health issues impact the workplace, everyone is affected. If the person remains in the workplace, their energy can influence the rest of the team, and can be a drain on the unprepared manager. Before you know it, there is conflict, poor morale and negativity. If they are absent, it is often for an unknown period of time, during which the other team members have to pick up the slack, doing extra work for no extra benefit. Resentment can build, people can start to slack off, and the manager then needs to address further issues. Sometimes, they don't. Regardless, the culture and morale head south.

Creativity

Another concern is this intangible thing called 'creativity'. When an organisational culture becomes highly stressed, perhaps even toxic, I guarantee you that the first virtue to go will be creativity. Why? It's in the way our brains are wired. Our abilities to be creative and to cooperate socially have evolved over time as our brains have evolved.

A long way back on our evolutionary journey, our brain was concerned only with survival and mating. When we were threatened,

our amygdala would react immediately to get us out of trouble. Our heart would beat faster to fuel our muscles with more oxygen to fight or flee and our attention would narrow to the immediate task at hand. Later, our ‘mammalian’ brain evolved and that allowed us to live in groups and cooperate to share resources and improve our odds of survival. And, finally, our frontal lobes and prefrontal lobes evolved to put us over the top in terms of intelligence and creative problem solving.

When a cave bear has spotted you and is making its way over, you don’t want to concern yourself with whether the bear’s just had a bad day, or if it’s his way of relating to you. Likewise, you don’t have time to construct an ingenious escape strategy involving a garbage bag, four zip ties and a washing machine motor. No, you just need to run (faster than one other person in your group).

What happens in a workplace setting when confronted with a threat such as perceived lack of resources (e.g. deadline pressure), attack from a rival (e.g. competition for a promotion), or expulsion from the group (e.g. screwing up a project) is that the primitive brain takes over and we act in the crazy ways people act that make us wonder, ‘What’s gotten into that guy?’

You can see that, for organisations with a win-at-all-costs, dog-eat-dog culture, it’s physiologically improbable that they will be creative, innovative companies that people are drawn to. And that’s what our companies need to be these days in order for the people to thrive.

Recruitment & Reputation

More and more, these days, people are not necessarily looking for the highest paying job. They are looking for work which is fulfilling, which fits into their lifestyle, and which they enjoy going to. Creating a mentally healthy and positive workplace environment leads to a workforce of people who are happy and productive, and who become

ambassadors for your brand. As you become known as an employer of choice, you will be able to attract and retain greater talent.

Community

It would be naïve to think that people always leave work at work. Instead, people take these stresses home to their families. They are irritable about something that happened at work and end up having a fight with their spouse. They are exhausted and have no energy for playing with the kids. They start drinking or eating after work each day to ‘recover’ from the tense work environment. And this then creates a negative cycle when they go back into the workplace. People are people wherever they are.

If not for financial and legal reasons, we should be addressing workplace mental health because it is the right thing to do for our communities.

It Could be You

One overriding fact to take into account is that mental health disorders do not discriminate, so neither should we.

Some people think that if you have a mental health disorder, you must be weak or deficient in some way. The truth is, mental health disorders don’t discriminate—they are just as likely to affect your best and brightest talents, your solid industry stalwarts and your high flying CEOs as they are to afflict your more sensitive, introverted employee stereotypes.

What About the Future?

We really are at a critical time in our history of work. For centuries, we have used a model of work from the industrial revolution, but the time has come when that is no longer serving us. People are not machines, and they will not stand for being treated like machines anymore. We are diverse, and we demand that our diversity be respected and recognised.

We want freedom, we want to be heard, and we want to have choices. As evidence, just look to the growing numbers of people turning to freelancing and solo-preneurship as a way of supporting their lifestyle.

Workplaces are changing too. With increasing economic uncertainty, businesses are being forced to do more with less. We are downsizing, restructuring and reshaping the way we do work. Add in technology, where we are looking at a very near future with even more use of robots, automation and virtual reality in the workplace. We have globalisation, where someone on the other side of the world can do the same job, or better, for a fraction of the cost. And all these changes are happening at an ever-increasing pace, causing fear and uncertainty for many.

Clearly, the way we work needs to change, and it needs to become more human. We need to support the mental health and wellbeing of our workforces and our communities in order to thrive.

Why are Managers the Key?

Why a book for managers? Because you, the manager, are pivotal to your team's mental health. No, that doesn't mean it's your 'fault' if someone in your team doesn't feel well. But it does mean that your people watch you like a hawk. They are watching how you do things, what you talk about, even what expressions you use. They're drawing conclusions about your behaviour in order to decide how they should act. This is so even if they hate your guts, because you are still the nominated leader. Research has shown time and again that people leave bosses, not jobs. That means you are massively influential—for better or worse.

Now, let's be honest. If you're like most managers, even HR specialists, you don't really know the first thing about managing mental health. And why on earth would you? It's not something you learn in management school, is it? Yet, as a manager, you're on the front line when it comes to dealing with the mental health of team members. You do the best you can. But the truth is, it's bloody hard, as well as

annoying, to have to stop everything and give your undivided attention to these matters. It's also scary: What if you screw it up?

When we first started delivering mental health education over a decade ago, we found that many organisations wanting to address the mental health and wellbeing of their staff would get a group of people together and send them along to one of our public courses, or organize an in-house course, and send all their frontline people. That was great! It was fantastic to introduce these exciting concepts to employees, and teach them how to look after themselves and each other. But one thing we kept hearing again and again from participants was: 'This is great stuff—if only my manager was here,' or 'I'd love to implement this at work, but I don't have the authority.' Not only that, but we had a hunch that genuine workplace mental health and wellbeing relied upon something more than a bit of 'awareness training' and good intentions.

Mental health and wellbeing is impacted by so many areas of the workplace, including policies, systems and cultural aspects.

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Mental health in organisations is impacted by both factors of content and context. This means that an individual's resilience is very important but so are the environment, culture and systems the individual is in. Hence, the saying: 'Before you decide you are depressed, make sure you are not just surrounded by aholes.'**

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Think about this for a minute. Who has the most influence over these areas? Whom do people spend more time with during the day than their own family and friends? That's right—their managers. We believe you, as a manager, are best placed to spot the warning signs of

mental distress and take action before things get out of control. And if you're to be responsible for getting the best out of your team in a high-pressure environment, why shouldn't you be given the tools to build and maintain resilience? Quick-fix Band-Aid solutions won't do.

Managing mental health is not about palming a person off to an Employee Assistance Program for a couple of sessions. It's not about sending them home on sick leave until they're better. It's about keeping an eye out for certain behaviours and applying some practical strategies to facilitate the recovery of a team member back to high performance.

So, have I got your attention? It's simple: Bad mental health is VERY bad for you and your business, costing the economy billions of dollars every year. Good mental health is fun and means lots of good returns for you and your business. While poor managerial practices equal bad mental health, managers with good mental-health practices have extraordinary teams.

Building a Commando Team

Whether it's through education on one of our courses, or consulting with the senior leaders of an organisation, what we try to help managers build is symbolized in the metaphor of the **commando team**. The commando team is a high-performing team. You can drop them in the middle of nowhere and they will do whatever they can to succeed in their mission. They are highly skilled and expertly trained and they have the mental stamina to get the job done. They don't stop because someone has a paper cut or a cold. And because they have a sense of purpose and know clearly what the mission is, they are highly valuable to whoever employs them.

The members of the commando team have each other's backs. There is a strong sense of camaraderie. The stakes are high and there is plenty of pressure. It is even possible in this mission that someone could get shot—but it won't be because they let each other down. Team members

are in it together. Relationships with strong bonds are formed, and the team is not only high performing, but powerful.

This is what is available to every single manager—the opportunity to become the type of leader who is in charge of high-performing teams that operate in this powerful way.

Such leaders minimise mental health issues for their team. They pick up on the energy of the team fairly early on, and they know what will help protect their team and prevent stress, even within pressure-filled situations. Though no one can completely get rid of mental health problems, at least when someone does have an issue, the team is equipped to enable that person to continue working alongside them, operating to high capacity as much as possible. The leader creates an environment that is rich in recovery opportunities because of the way the team behaves.

This is the difference between a manager and a leader. Manager is a job title—a position in the hierarchy. A leader is the person who guides, influences and motivates others. To succeed in workplace mental health, you must take up the challenge to become a leader.

Improving mental health in the workplace

The aim of this book is to help you become a leader who can positively influence the way mental health is addressed in your organisation. It achieves this in two parts:

Part One: The problem with workplace mental health

The first part of the book exists to help you to understand just what we mean when we talk about mental health, why it is an issue in the workplace, whether it is getting worse, how it is that this issue isn't being addressed (or is being addressed in the wrong ways), and what you, as a manager, have to do with the problem.

Part Two: The 7 pillars of a mentally wealthy workplace

The second part of the book turns to the solution—fostering mental wealth. We have developed seven pillars which we consider to be the foundation of a mentally wealthy workplace. In this part of the book, we look at the elements that feed into each pillar and offer practical guidance to help you establish these pillars in your own organisation.

Our philosophy is simple. If it's good for your people, it's good for your pocket. And if you're not getting results, then it isn't working! In fact, we've seen a lot of 'wellbeing programs' do more harm than good, because managers were misinformed about what was really needed. When it comes to mental health, the stakes can be very high. This is not something you want to get wrong.

Workplace mental health is a complex matter. It's not necessarily easy to address, but there are some simple things which can make a huge difference. Other things seem simple yet take a lot of perseverance to implement. The people who think workplace mental health is a 'soft' topic gravely misunderstand the matter. There is nothing 'soft' about mental health. The reality is, to properly address workplace mental health, you have to be a strong leader or willing to become one. Our guess is you are that leader. So, buckle up and enjoy the ride. You'll get a lot out of this; we guarantee it.



PART ONE

THE PROBLEM
WITH WORKPLACE
MENTAL HEALTH





1

What is a Mental Illness?

One of the questions we like to open our workshops with is: ‘How would you define a mental illness?’ We’re always surprised by the diversity of answers and the perspectives taken. Some people describe it from the perspective of the person with the condition; others describe it from an observer’s viewpoint; still others from the person on the ‘receiving end’.

These are some of the more popular themes:

- Behaviour that is irrational or risky
- An unstable emotional state
- Negative thoughts
- A chemical imbalance in the brain
- A genetic condition

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- Dysfunctional relationships
- An illness or a disease
- Something that impacts on work and life
- Feeling sad, anxious, lost, overwhelmed or misunderstood
- Causes disability
- Disconnection from anything that matters
- A condition that requires a diagnosis from a professional, such as a GP or a psychologist

The first thing that stands out to us about these ideas is just how many of them fail to actually define something. They are saying it is ‘something that’ affects mood, ‘something that’ affects behaviours’, ‘something that’ causes disability. Yet we really struggle to determine what the ‘something’ is.

Looking at these themes, the last definition, ‘a condition that requires diagnosis from a professional’, is usually offered by an educated and thoughtful audience member. It’s my favourite, though, because it comes with one h*** of a kicker:

There is actually no consensus among experts on what mental disorder is.

A number of very clever people have published a bunch of very impressive papers, but at the end of the day, there is no actual consensus amongst professionals. There is one giant publication, *The Diagnostic & Statistical Manual of Mental Disorders* (DSM), which was put together by the American Psychiatric Association and presents a list of every diagnosis that one could be given. However, not everyone agrees with what is written in it. One of the biggest bones of contention is the fact that we are up to version five of this manual. Now, reviews and revisions are not a bad thing, generally, but in this case, there are some very telling problems.

What's wrong with the DSM?

Firstly, if we look to previous versions of this manual, in the original 1952 version, there were 106 different mental health diagnoses that one could be given. In the latest version, we have 297. Is it really possible that society has suddenly developed so many more types of mental health problems, which previously never existed, or is one of the following options more likely?

- That our current society has a tendency to over-medicalise what once used to be considered normal emotions and experiences.
- That the creators of this manual have a personal interest in the creation of more problems (as they can offer solutions). It's noteworthy that, at the last count, over sixty nine per cent of the panellists for the DSM 5 acknowledged taking large bonuses from various pharmaceutical companies.

There's more. Not only has the number of potential diagnoses grown, but the criteria for diagnosis has also changed substantially in relation to severity, duration and symptoms experienced. For example, one of the hotly debated areas in the current version is grief. Previous versions directed that if a person had experienced bereavement, they could not be diagnosed with depression for at least two months. (Interestingly, other forms of loss like loss of job, marriage, finances, etc., were not granted the same exemption.) However, the exemption for bereavement has now been removed, meaning that if a person grieves for more than two weeks, they can be diagnosed with depression. It follows that medication can then be prescribed. However, many would disagree with feelings of grief being defined as depression so quickly. There are some technical details about this that I won't go into here, but the fact remains that these criteria are not based on scientific test

or study, but on the consensus of the current group of psychiatrists involved in the publication.

Furthermore, the fact that certain diagnoses have been added and removed makes the underlying scientific basis for their inclusion highly questionable. For example, in early versions of the manual, it was considered a mental disorder if someone believed in God. This was removed in later versions of the manual. Similarly, homosexuality was considered a mental disorder for many years, and many people were subjected to painful and humiliating ‘shock treatment’ in an attempt to cure them of the mental disorder. This was removed from the DSM as an official disorder in 1974, yet replaced with ‘sexual orientation disturbance’ which has a more vague definition. It makes one wonder what diagnoses in the current version will later be discredited as society becomes more accepting and tolerant of difference and emotional experience.

It is telling that when the current version of the DSM was being written, a number of petitions and critical responses were submitted from bodies such as the American Psychological Association, the British Psychological Association and the American Counselling Association, in an attempt to address a plethora of problematic diagnoses and criteria. However, it was to little effect.

If you want even more supporting evidence, then look at the book itself. It is called *The Diagnostic and Statistical Manual of **Mental Disorders***. Not *Mental Illness*. Even the most medical of medical professions stops short of actually calling such issues illness.

The DSM itself notes that: ‘No definition adequately specifies precise boundaries for the concept of ‘mental disorder’... different situations call for different definition.’ It further states: ‘There is no assumption that each category of mental disorder is a completely discrete entity with absolute boundaries dividing it from other mental disorders or from no mental disorder.’